

PATENT
S.N. 09/720,446
1175/63852

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Poul Henrik Ahm
Serial No. : 09/720,446
Filed : December 22, 2000
For : Packed Tapes as well as Methods and an Assembly for Packing
Said Tapes
Group : 3721
Examiner : Gloria R. Weeks

I hereby certify that this paper is being deposited this date with the U.S. Postal Service in first class mail addressed to Mail Stop Non Fee Amendment, Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450.

Donald S. Dowden
Donald S. Dowden Date
Reg. No. 20,701 September 17, 2003

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TECHNOLOGY CENTER R3700

Cooper & Dunham LLP
1185 Avenue of the Americas
Amended York, Amended York 10036
September 17, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

SIR:

This is in response to the Office Action mailed June 19, 2003. Please amend the application identified above as follows:

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Amendments to the claims are reflected in the listing of claims which begin on page 3 of this paper.

Remarks begin on page 7 of this paper.



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COMMISSIONER FOR PATENTS
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Alexandria, VA 22313-1450

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TECHNOLOGY CENTER 40700

S I R:

Transmitted herewith is an amendment to the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ a verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.
- ☐ No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE FEE				
				SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
Total Claims	9	* 20	*** 0	9	18	=	\$0	\$0
Independent Claims	2	** 3	*** 0	42	84	=	\$0	\$0
Multiple Dependent Claims Presented _____ Yes _____ <u>X</u> No				140	280	=	\$0	\$0
For First Time:				TOTAL ADDITIONAL FEE			\$0	\$0

Amendment Transmittal Letter
Page 2

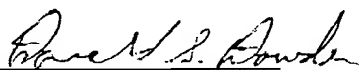
- *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- **If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- ***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

"The HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

- ☐ A check in the amount of \$_____ is enclosed herewith.
- ☐ Please charge Deposit Account No. 03-3125 in the amount of \$____. Three copies of this sheet are enclosed.
- ☐ Applicant hereby petitions for a ___month extension. Our check in the amount of ___ is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.
 - ☒ Any additional fees under 37 C.F.R. §1.16 for the presentation of extra claims.
 - ☒ Any patent application processing fees under 37 C.F.R. §1.17.

Dated: September 17, 2003

Respectfully submitted,


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